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Communications.

CARBOLIC ACID AS A POISON.

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(Concluded from p. 492)

Case II. Reported by Mr. Frederick Sutton, in the *Medical Times and Gazette* for April 25th, 1868. S. C. aged 43, took, instead of a dose of black draught, one ounce of carbolic acid, which was kept in the wards for disinfecting purposes. Seen within five minutes after the poison was taken. She was reclining in a chair insensible; pupils contracted; face blanched and bathed in perspiration; pulse 100 p. m., feeble and very intermittent; respiration stertorous and smelling strongly of the fluid. There was slight lividity of the lips and tips of the fingers. She rapidly became worse, and died within an hour and a half after taking the poison, the body becoming much swollen before death. Spasmodic stricture of the œsophagus prevented the patient from swallowing, and caused great difficulty in introducing the tube of the stomach pump.

Autopsy seventeen hours after death. At the angles of the mouth the skin was rather discolored and shrivelled; the interior of the mouth was very white; tongue dry and chippy; the mucous membrane of the œsophagus was dry, and shrunken, and of a brownish color. The stomach contained about a pint and a half of partly digested food. The mucous membrane could be readily peeled from the walls of the stomach; there were several dry, white patches on the surface of the rugæ, and the whole interior of the stomach was slightly inflamed. The walls of the duodenum were similarly affected, though in a slighter degree. There were all the morbid appearances that could be fairly attributed to the action of poison.

Case III. Reported by Professor Taylor, in the Guy's Hospital Reports for 1868. A child aged one year and nine months swallowed two tea-spoonfuls of the ordinary dark-colored acid. Seen ten minutes after the poison was taken. When admitted into the Hospital the child lay in its father's arms, insensible to all external objects; but in a short time it recovered itself. The pupils were contracted and insensible to light. Pulse 120 p. m., and very weak,—could be counted with great difficulty. There was a strong tarry odor to the breath. The respiration was much impeded. The surface was cold and clammy, the face pale and covered with cold perspiration. An emetic was given, but owing to spasmodic stricture of the walls of the œsophagus the patient was unable to swallow, and it was returned through the nose. Tracheotomy was performed, and the little patient obtained some relief, but sank away and died at the end of twelve hours. The post-mortem appearances were similar to those detailed in the foregoing case, except that the stomach did not present such marked evidences of inflammatory action. Death seemed to result from the local action of the acid upon the respiratory passages.

Case IV. Reported by E. S. Machin, Esq., in the *British Medical Journal* for March 7th, 1868. Three persons in the work-house were dressed with carbolic acid instead of sulphuric lotion, for the itch. The patients were women, aged respectively 23, 60, and 68 years. The acid had been applied to the entire surface. A few moments afterwards, they complained of head-ache;

after which they were taken with giddiness, and rapidly became insensible. The girl, aged 23, and the mother, aged 60, died in the course of forty hours. The third patient rallied in about four hours, and recovered after a few days. No autopsy in the fatal cases. The acid used was Calvert's Carbolic acid for disinfecting purposes, and was in appearance dark and oily. About six ounces were used in dressing the three cases.

Remarks on the foregoing cases. It will be observed that in all but the first of these cases, the crude, or impure carbolic acid was employed. On this account the effects may have been somewhat more complicated. Yet they agree in detail essentially. In each case the patients became unconscious very speedily after poisoning occurred. In each case there was great depression of the vital energies with its various concomitants. Muscular spasms are not noted in any case but the first. The absence in the others may have been due to the large quantity of the poison used, and the powerful sedative following it.

Experiments on Animals.

Experiment I. Mouse. One minim of the pure liquid acid, dissolved in water, was injected under the skin, over the thorax. The animal ran about, giving signals of pain immediately. In thirty minutes he fell over on his side, making rapid movements backwards and forwards with his legs. These movements continued 90 seconds, and then ceased, the animal simply gasping. In 30 seconds more he was dead. Autopsy 20 minutes after death. Liquid all absorbed. Diffuse redness under the skin in the neighborhood of the injection. No other morbid appearance.

Experiment II. Rat. Weight of the animal, eight ounces. Injected one minim of the pure liquid acid, dissolved in water, under the skin over the shoulder. Remains quiet.

In 2 minutes. Trembles violently.

5 m. Falls over on side in convulsions, a rapid succession of contractions and relaxations of the muscles of the legs and body, passing in waves from head to tail; once in about three seconds a general spasm, bending the body backward and throwing out the legs. Some of the general spasms double. Animal apparently unconscious.

15 m. Spasms somewhat less violent. Gives no sign of pain, and makes no motion whatever when the eyeball is touched with the point of a pin. No motion of lips or tail.

20 m. Same condition.

25 m. Gives some evidence of returning consciousness, moves tail, and seems trying to rise. Spasms as before.

30 m. Same condition.

35 m. Winks partially when anything is brought in contact with or even near the eye. Spasms continue.

43 m. Spasms less violent. Struggles to rise. Has been held in hand for last twenty minutes.

48 m. When placed on his side on the floor, rolls over on his belly, but cannot stand.

50 m. More decided evidences of returning consciousness. Crawls along a little.

52 m. Dies suddenly, with two general tremors. No gasping.

Autopsy, 2 hours 30 minutes after death. Membranes of cerebrum and cerebellum much congested. Blood extravasated beneath the arachnoid. Other portions of the encephalon normal. The upper portion of the spinal cord also shows congestion of the meninges, very marked in spots, and diminishing gradually downward. Lungs engorged. Right side of heart, both cavities, distended with venous blood. Pulmonary arteries ditto. Left side of heart partially filled with dark blood. Kidneys congested. Other viscera normal. At the point of injection there was a flat hard lump about eight lines in breadth, and two in thickness. The tissues around were highly inflamed.*

Experiment III. Small cat. Eighty minims of the pure liquid acid were thrown into the stomach by means of a small glass syringe and an elastic catheter. The animal, when released, ran rapidly around the room

* This animal seemed dull and exhausted when the poison was administered. He may have been injured about the head and neck in the trap, although no marks of violence appeared either externally or under the skin of those regions. Owing to this uncertainty, however, I have attached less weight to the morbid appearances after death than I otherwise should.

and then became quiet, crouching down in the corner.

2½ m. Trembles. Seems trying to vomit.

5 m. Falls over partially on one side. Muscles of whole body twitch spasmodically. Opens and shuts mouth. Appears totally unconscious.

7 m. Spasms more violent. Affect particularly the muscles of the legs and the sides of the body. One succeeds the other rapidly, but irregularly. Respiration stertorous. Pupils dilated and responding only feebly to light. Observe an occasional general spasm like those described in Experiment II.

20 m. General spasms fifteen per minute, feeble. Other symptoms as before, except that the pupils are totally insensible to light.

From this time, for upward of half an hour, the symptoms remained constant, the animal growing weaker, the partial spasms becoming less, and the general spasms more marked.

65 m. Noise in throat ceases. Breathes quietly.

80 m. Spasms very feeble. Respiration convulsive, with a gurgling noise at each breath.

82½ m. Spasms ceased. Gasps. Ten respirations per minute, and growing less frequent.

84 m. Dies.

Autopsy, twelve hours after death. The body was kept in the interval on an inclined plane, prone, with the head elevated. Mucous membrane of the œsophagus white, hard, and wrinkled longitudinally. So firmly were the walls of the œsophagus contracted in its central portion, that a small probe could be with difficulty introduced. Stomach filled with food. Mucous membrane eroded in irregular patches, with hard, dark, margins. Some portions simply reddened, others hardened, wrinkled, and turned white. Intestines unaffected. Heart, left side filled with black blood, right side nearly empty. Trachea somewhat reddened. Lungs healthy, Kidneys very highly engorged with blood. Brain normal. All parts of the body smell strongly of the acid.

Experiment IV. Mouse. Two thirds of a minim of the liquid acid was dissolved in water, and injected into the rectum. Ran rapidly around for a few seconds, and then remained quiet.

1½ m. Trembles violently. Crouched down on belly. Cannot stand.

2 m. Still trembling. Conjunctiva insensible. Totally unconscious.

3 m. Lying on one side in rapid convulsions, similar to those described in the previous experiments, but more rapid.

4 m. Movements growing more feeble and less frequent.

5½ m. Movements ceased. Only gasps.

6 m. Dies.

Autopsy, immediately. Opened thorax. Heart pulsated feebly, perhaps from being twitched with the point of the knife. Ceased immediately to respond to such stimulus. No morbid appearances.

Experimvnt V. Mouse. One-fourth of a minim of the pure acid was injected under the skin.

1½ m. Trembles slightly.

2½ m. Trembles violently. Remains on feet, and is conscious.

2¾ m. Falls on side in convulsions. Conjunctiva still sensible.

5 m. Conjunctiva insensible. Convulsions very rapid.

20 m. A little weaker; otherwise as before.

22 m. Seems struggling to rise. Consciousness returning.

25 m. Tries to walk when placed on feet, but cannot stand long.

28 m. Squeals. Tries to escape from a touch, but does not appear to see. Less control over the hind than the fore-legs. Whirls around when trying to advance.

60 m. Squeals almost constantly.

75 m. Spasms ceasing. Only trembles. Is able to stand and walk.

90 m. Falls over on side, and cannot rise. Left struggling.

135 m. Found apparently well, but rather dull.

245 m. Well as ever. Has been eating meal and drinking water.

Experiment VI. Same mouse, sixteen hours

after previous experiment. Injected ½ minim disolved in water, under the skin. Death took place in 30 minutes, with symptons precisely like those detailed in the other cases. Autopsy immediately. No morbid appearances of note. Heart responds to irritation, throbbing under it for five minutes after death.

The remaining experiments, eight in number, developed nothing of importance that had not been exhibited by the others. In one case the heart was observed to throb for several seconds after all other motions had apparently ceased. In several instances there was found a post-mortem congestion of the kidneys, and in one the bladder was distended with urine. The cerebral and spinal meninges often appeared engorged to an unnatural extent, but in no other case was this condition nearly as strongly marked as in Experiment II.

Remarks on the Experiments. Although the observed effects of a drug upon the lower animals are not always precisely *identical* with those on man, yet we seldom see any very wide discrepancy. It will be noticed that there is a striking similarity between the results of the experiments, and the reported cases. One doubtful point may be considered as settled by the former; and that is, that carbolic acid produces convulsions when taken in poisonous doses.

IV. Antidotes.

In the treatment of poisoning with carbolic acid, we are obliged to rely chiefly upon measures of evacuation and stimulation. There is no known chemical antidote of value. Owing to its weak affinities the acid forms no stable chemical combination. The white of eggs, milk and flour paste, are of some use, serving in a measure, to prevent the rapid absorption of the poison, and giving time for evacuation. When the strong acid has been taken into the stomach, the œsophagus is usually so contracted as to make the use of emetics and the pump difficult—or impossible. In case of rectal poisoning, too much importance cannot be attached to the rupture of the sphincter ani. This measure of treatment was, as far as I am aware, first recommended to the profession by my eminent friend, Prof. H. R. Storer, M. D., of Boston. The general symptoms may be combatted by ammonia, camphor, musk, and other stimulants of like nature, and by friction, and dry heat. Chloroform, morphine, and belladonna only render death more speedy and certain. This is without doubt true of the other powerful neuroties. There is probably no specific dynamical antidote for carbolic acid, if, indeed, there is such an antidote for any poison. After the general symptoms have passed away, brandy, nourishing food, and local, antiphlogistic measures may be resorted to, if necessary.

V. Medico-Legal Evidences of Poisoning with Carbolic Acid.

These may be enumerated as follows:

1. The detection of the poison in the body by physical and chemical tests.
2. The nature of the symptoms and post-mortem appearances.
3. The preservation of the body.

The detection of the poison in the body is the only conclusive evidence, in itself, of poisoning with carbolic acid. As we have seen before, this is no easy task in many instances. The odor of the acid about the body would be likely to direct attention to it, especially if a large quantity had been used. Of the symptoms, the most distinctive are the profound insensibility, trembling and muscular spasms, and the great prostration. The post-mortem appearances, other than the local, are of little value. The preservation of the body is a point of considerable importance. It has been fully shown by competent observers, that, when the surface of a corpse is washed, and the natural cavities injected with carbolic acid, the process of decay is prevented. If the acid were actually taken into the circulation, and carried into every tissue of the body, its effect could hardly be less striking. One of the mice poisoned three weeks ago with one minimum of carbolic acid has been kept since then in the house in a warm place, and there is now no sign whatever of putrefactive change. Preservation of the body would therefore be strong presumptive or confirmatory proof of the poisoning by carbolic acid.

Recapitulation of Leading Points.

1. Carbolic acid is a dangerous poison.

2. It is rapidly absorbed into the system.

3. It is rapidly eliminated from the system, chiefly by the kidneys, but probably, to some extent, also by the other emunctories.

4. The local action of the poison is that of a caustic, irritant, and sedative.

5. Its general action is that of a powerful neurotic, causing trembling, convulsions, giddiness, headache, insensibility, a cold, clammy surface, a feeble, intermittent rapid pulse, great prostration, death.

6. Recovery in non-fatal cases is speedy and complete, when there has been no serious local lesion.

7. The post mortem appearances are neither constant nor distinctive.

8. There is no known chemical or other antidote of value.

9. In treatment the chief reliance must be placed upon measures of evacuation and stimulation.

10. Aside from the actual detection of the poison in the body, preservation of the body is the most important medico-legal evidence of poisoning with carbolic acid.

Hospital Reports.

Jefferson Medical College,
Philad., Sept. 16th, 1868.

Surgical Clinic of S. W. Gross, M. D.

Reported by Dr. Napheys.

Nevus.

Mary F., æt. 3 mos. This child has a vascular tumor situated over the acromion process of the left scapula, constituting what is known as nevus maternus. It was noticed at birth, and was then as large as a small pea. It has increased rapidly in size, making now a mass as large as a walnut. It has a soft, spongy, compressible feel. The cutaneous capillaries are very much enlarged and dilated, giving a decidedly florid aspect to the tumor. There is also enlargement of the subcutaneous vessels, constituting thus a combination of nevus of the skin and of the areolar tissue. Inasmuch as the child is well nourished, and the tumor is situated in the subcutaneous tissue, it doubtless contains an admixture of fat, giving rise to a nevoid lipoma or nevoid fatty tumor. It is not an arterial tumor, otherwise it would pulsate, and impart to the hand a distinct vibratory thrill.

In the treatment of such tumors various measures may be resorted to. The base of the tumor may be transfixed by two needles at right angles, and a thread thrown around them. In the course of four or five days, the whole of the mass thus strangulated will fall off, and the surface afterward heal by the granulating process. Injections of irritating fluids may be used. Care should be exercised, however, in their employment, as the introduction of a single drop of nitric acid has been followed by instantaneous death, and Mr. Teale, of Leeds, has only recently reported a case in which the injection of one drop of the solution of perchloride of iron was followed by the same result. Other cases of a similar nature are on record. The solution of the subsulphate of iron (Monsel's salt) should be preferred for injection. It will produce immediate coagulation, and in the course of a few days the whole tumor will slough off, leaving, however, an ugly scar. In exposed situations, therefore, injections should not be used. The employment of the actual cautery by means of heated needles inserted into the tumor is said to be attended with its rapid disappearance. In very small nevi, occurring in children who have not been vaccinated, the virus may be introduced into the tumor, thus setting up adhesive inflammation; or a small seton may be passed in.

Generally these tumors are surrounded by a capsule, more or less distinct, which does not consist of a new formation, but is produced by the condensation or thickening of the surrounding connective tissue. The presence of this envelop, therefore, permits of the enucleation of the morbid growth, and it is for this reason that excision will be resorted to in this case. Care will be taken not to cut into the tumor, but around it, and then enucleate it. This will require delicate dissection, the operation being much more troublesome than that by ligation. Hemorrhage can be controlled very readily by means of the twisted suture. The operation is less objectionable than strangulation, particularly on the face, as it leaves less of a mark.

The child was placed under the influence of chloroform, and the operation of excision performed in the manner indicated. The little hemorrhage that occurred was effectually controlled by three points of the twisted suture. The tumor, when removed, was found to be made up of dilated vessels, and loaded with pellets of fat.

The child has a small cutaneous nevus on the buttock. This will be treated by the application of collodion, with the hope that the contraction of the collodion will cause the enlarged vessels to diminish and finally disappear.

Fatty Tumor.

Eliza C., colored, æt. 23. This patient has a large pendulous tumor at the upper and outer side of right thigh. It was first noticed eight months ago. As it was then the size of a hen's egg, it may have been in existence for two months before it was observed. It is not attended with pain, and is very tolerant of rough manipulation. It is distinctly lobulated, freely movable upon the subjacent parts, and has a soft, doughy feel. There is no discoloration of the skin, nor enlargement of the superficial veins.

This is a lipoma or fatty tumor. The rapidity of its growth is rather characteristic of malignancy than otherwise. But the growth of fatty tumors is very capricious, although, as a rule, they increase slowly. She is desirous of having it removed, because it is in her way. These tumors sometimes inflame, and even become gangrenous under injury.

This is a benign, homologous tumor, consisting simply of excessive hypertrophy of the normal fat of the part, and contained in a distinct capsule or cyst, formed by the condensation of the surrounding connective tissue. The nourishment of such a tumor is extremely small, there being only one or two nutrient arteries entering at some point of the capsule. On account of its slight vascularity, it bleeds very little when excised, and its enucleation is very easy. If it were more deeply seated, it might be mistaken for a chronic abscess or cyst. In such a case the differential diagnosis could only be made by the introduction of an exploring needle.

The tumor being altogether superficial, lying immediately beneath the skin, and external to the fascia lata, has stretched the skin and made it very tense, so that if a simple incision were made, there would be a redundancy of integuments after its removal. An elliptical incision was therefore made, and the tumor readily enucleated. The operation was attended with the loss of very little blood.

It was formerly supposed that by the administration of liquor potassæ, it was possible to saponify the fat in such a tumor, and thus bring about its absorption. But no treatment other than by the knife is of any value.

Scirrhus of the Breast.

Ellen M., æt. 69. This patient, seven years ago, fell down and struck her right side, breaking the third rib. Two and a half years after this injury a small tumor made its appearance over the seat of fracture. This growth, which was attended with sharp pain, but with no enlargement of the glands of the axilla, increased rapidly in size. Four months after it was first noticed, it was removed, it being then about as large as a goose egg. Two years after the operation the tumor reappeared at the cicatrix. Eleven months after the second appearance of this tumor, the glands in the axilla became enlarged, and five months ago the glands above the clavicle began to increase in size, and they are now exceedingly numerous.

The tumor is now extremely hard, sensitive on pressure, and the seat of fearful, lancinating pain. As it is situated beyond the confines of the breast, at its upper and inner limits, no characteristic retracted appearance of the nipple would be expected.

This disease is not encephaloid, for it is of too long standing. Encephaloid is acute cancer, scirrhus is chronic. Encephaloid is soft, elastic, and fluctuating at some points; this tumor is wonderfully hard and inelastic. Encephaloid is always very large, while this tumor is small for its duration. These characteristics, and the early involvement of the lymphatic glands of the axilla, and of the supra-clavicular region, together with the sharp, lancinating pains, all point to scirrhus. It is nodular scirrhus, not infiltrated, or lardaceous. It has extensive adhesions to the surrounding parts, to the muscles below, and through the muscles to the ribs. At the lower part of the tumor there is a large scirrhus nodule, which is now involving the gland substance itself. Soon it will begin to draw towards itself the lactiferous ducts, and the nipple will retract and disappear beneath the skin.

The surface of the prominent mass is very red, and pervaded by minute vessels, showing that the circulation of the skin is becoming affected, and indicating the early appearance of extensive ulceration. If this had been encephaloid it would have ulcerated long ago, presenting a protruding, fungous mass, attended with profuse loss of blood. In this case there is no bleeding, except that consequent upon the irritation of scratching.

Scirrhus usually occurs between the ages of 45 and 60; encephaloid, as a rule, earlier in life. Dr. Gross has reported in the *North American Medico Chirurgical Review*, for May, 1857, a case of scirrhus, occuring, it is believed, at the

earliest age on record; it presented itself in the liver of a child three months old.

Mr. Collis and Mr. Spencer Wells have great faith in the bromides in the enlargement of lymphatic glands. Mr. Wells advises, in cases of this description, in which the lymphatic involvement is going on very rapidly, to give the bromides in combination with cod-liver oil. This treatment will be pursued with this patient. She was ordered fifteen grains of bromide of potassium, in a table-spoonful of cod liver oil, night and morning. The preparations of hemlock have a great reputation for relieving the sharp, shooting pain of cancer. The patient was directed to take two grains of extract of conium, at night; but as the action of this drug is uncertain, morphia will be substituted for it, should it fail to afford relief. If there were an open ulcer, the ointment of stramonium would be applied, as it makes a capital salve. She is taking iron, quinine, and nux vomica, and is to live well. Surgical interference is out of the question.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for Discussion: Purulent Ophthalmia.

Reported by J. W. P. Bates, M. D.

Dr. Freidenwald. Purulent ophthalmia is a generic term applied to the various forms of conjunctivitis attended by a purulent secretion, contagious in its character. We encounter it most frequently in the form of ophthalmia neonatorum, where it comes under our observation as one of the first ills that flesh is heir to. Purulent ophthalmia of adults, or after-infancy, is of rather rare occurrence in this climate, and when it makes its appearance assumes a mild form, while in other countries it constantly exists to a more or less degree, and frequently presents itself in the terrible form of an epidemic. Gonorrhœa ophthalmia is another form which we will have to consider. It is most destructive in its character, but is fortunately rare. The symptoms presented by these various forms are very nearly the same. The conjunctivas assumes all the features of an acute inflammation, the vessels are highly injected, its temperature increased, its color deepened, the eyelids red and œdematous, and there is a great tendency to involve the cornea. The symptoms vary in their intensity according to the different stages of the disease and the severity of the case. The purulent ophthalmia of infants, as already mentioned, is the form most frequently met with, and when we take into consideration the grave consequences by which it is often followed, it is astonishing that mothers and nurses so frequently regard it as a disease mild and innocent in its nature, and not seldom fail to seek medical advice before the eye has become disorganized. Midwives, and other wise women, who are often consulted before the physician, are extremely inclined to recommend the simple application of the mother's milk, as fully sufficient to control the disease. It is deplorable in the extreme that this disease, generally so manageable, so often results disastrously for want of proper attention in its commencing stage.

The disease generally commences about three days after the birth of the child, and at first presents a very innocent appearance. At this stage it is confined to simple hyperæmia of the palpebral conjunctiva, the lids are agglutinated, their edges reddened, and on opening them a slight mucous discharge is noticed in the corners. Even at this stage there is considerable photophobia, the child forcibly closing the lids, and expressing pain on their being opened. As the disease progresses these symptoms increase in violence, the redness is augmented and spreads to the conjunctiva, covering the globe, the swelling becomes more marked, the child is more restless, and a copious purulent discharge is seen. The swelling of the lids is generally very considerable, owing to serous infiltration into its tissue, and assumes the appearance of a tumor in the orbital region, the surface of which, on account of its glassy redness, sometimes looks very much like a pointing abscess. On everting the lids, the conjunctiva presents a dark red hue, its surface is rough and villous, the portion surrounding the cornea is elevated, and its reflected portion is swollen and makes its appearance in the shape of red rolls, which protrude on opening the lids. The orbicularis contracting upon these rolls sometimes causes eversion of the lids. The upper lid, when much swollen, hangs over the lower one, and cannot be voluntarily elevated, for the swelling is too great to roll under the roof of the orbit. The lids often adhere together, and the discharge collects and issues in a full stream down the cheek when the lids are separated. When improvement supervenes upon this condition, it makes itself known by the discharge diminishing in quantity, presenting less consistency and having a color near that of mucus, and a decrease in the swelling. The disease generally occurs in one eye, and several days elapse before the second one becomes in-

volved. This is a very important fact, as this short respite offers the sound eye the benefit of prophylactic treatment. The duration of the disease is seldom less than one or two weeks, except in very mild cases. The disease becomes most threatening when it extends to the cornea. It is very important that we should inform ourselves when this occurs, so that we can make a proper prognosis. It is extremely difficult to examine the eye carefully in this condition on account of the great swelling, and sometimes the cornea can only be exposed by the aid of elevators. Sometimes the cornea becomes infiltrated to a small extent, which may disappear, at others small ulcers are produced which may cicatrize, or perforate the anterior chamber, and allow prolapse of the iris, or terminate in staphyloma. In very unfavorable cases the whole or a great part of the cornea may become implicated, slough and lead to total destruction of the eye.

The origin of this disease is ascribed to various causes. In many cases it seems due to vaginal discharges. The opinion that simple exposure to light, or a rapid change of temperature, has not so many adherents as formerly. The great prevalence of this disease in foundling hospitals points to the fact that the poison, whatever it may be, is capable of being conveyed by the atmosphere.

In the treatment, when the disease is still confined to one eye, our first object should be to endeavor to prevent its extending to the other. With this view the healthy eye should be covered with lint or raw cotton, secured by a bandage. It is not to be denied that mild cases get well without any treatment. When, therefore, cases present a mild form, the treatment should be simple. Keep the eye clean by removing the discharge frequently, and the application of a mild astringent solution is all that is required. In more severe forms the lids should be everted and touched with a solution of nitrate of silver, corrosive sublimate or alum. The application of these remedies should not be left to the family, but be performed by the physician himself. When the nitrate of silver is used, it should be employed in the strength of grs. v-x to the ounce of water. I usually employ this remedy, and am satisfied with the results. Some of my friends recommend, with a great deal of fervor, a solution of corrosive sublimate instead, and claim that it shortens the disease considerably. Whichever of these remedies is used, it is important that a large portion of the conjunctiva be touched, and that the eye be frequently cleansed. With a view to avoid the disadvantages consequent upon a want of proper attention, in the absence of the physician, a new plan of treatment has of late years been proposed and warmly recommended by very competent authorities. This treatment consists in the application of lint saturated with astringent solutions upon the closed eyelids, this covered by raw cotton, and the whole secured by an elastic flannel bandage.

The advantages claimed for this treatment are that it is well borne, that it protects the eye from the light, and that the pressure of the bandage prevents the collection of the discharge in the conjunctival sac. In order that the bandage should accomplish its object, it should be snugly applied, and often examined to see if it has changed its position, and if it has, it must be promply reapplied. Where the discharge is profuse, the dressings should be changed four or five times a day; when less abundant, three or four times will suffice. The lint should be well saturated to prevent a too rapid evaporation, care should be taken that none of the solution run into the child's mouth, and the lids should be in their normal position. This treatment should be persevered in until the swelling has subsided, the quality and quantity of the discharge altered, and the conjunctiva returns to its normal appearance.

Whatever treatment is employed, it is highly important to establish the exact position of the cornea perforation, when it occurs, in order that we may regulate the position of the pupilary margin, so that it may not be involved in the lesion. When, unfortunately, cases result in diffuse corneal opacity, we must not despair, for experience teaches that these, under proper treatment, very often do well.

Purulent ophthalmia, as it occurs in our climate, is a very manageable disease, and does not so frequently threaten the integrity of the cornea as ophthalmia neonatorum. I have seen it much more frequently in its sporadic form in the ophthalmological clinics of Europe than here, and there it responds very well to the application of nitrate of silver or sulphate of copper. With regard to the epidemic form, as it is frequently seen in the standing armies of Europe, I have no experience. It is described as being very dormant, and requiring very active antiphlogistic treatment. Leeches are recommended, and also the constant application of cold until the active symptoms are subdued, after which astringents are resorted to. This form is often followed by granular conjunctivitis. The most destructive poison to which the eye can be exposed is probably that of gonorrhœa. Its de-

structive course is so rapid that in a few days the organ may be entirely disorganized. The treatment of this form is unsatisfactory whatever mode we adopt. Of the few cases which came under my observation, only one did well. In this case the mother was affected and communicated it to her infant. It was easily recognized, and a solution of nitrate of silver (gr. xx., aq. f.℥j.,) was immediately applied, and continued for several days, after which the strength was diminished. In this case the child escaped with a slight opacity of the cornea, which did not seriously interfere with vision.

Dr. Murdoch. The term ophthalmic is unfortunate as applied to a disease of the conjunctiva; a better term is conjunctivitis. All these forms originate in the mucous membrane and in the connective tissue corpuscles. Catarrhal ophthalmia is when there is a secretion of mucus, and it is at times so closely allied to purulent ophthalmia that it is hard to separate them, but they are both dependent upon one and the same process. In regard to the time of attack, Dr. Friedenwald says it commences within two or three days after birth. I think this is a mistake, and that within two or three weeks would be more correct. This has an important bearing upon the question of its origin, as it is impossible to see how the child can be affected by passing through the vagina. I think it usually arises from want of cleanliness, and in this I am borne out by Stellwag. Light may have some little effect in its production. Its contagion through the atmosphere cannot be proved. If we examine an eye thus affected, we will see small bubbles of air contained therein, and these bursting, throw the pus some distance, and may thus communicate the disease. In regard to the treatment, the Germans made a great mistake by their frequent use of nitrate of silver, as by its free use a membranous conjunctivitis is the result, which is more difficult of cure than the original disease. Its use must not be discarded entirely, but not applied indiscriminately. At the commencement of the disease, when the eye is hot, and the conjunctiva is filled with blood, we should use antiphlogistics, as leeches, cold water, etc. In London they use alum and cold water, and never lose an eye. Keep the eye clean, and use the wash frequently. There are two forms of keratitis: that commencing in the centre of the cornea by an opacity, and spreading superficially, and the other commencing in the lower margin, in which the ulceration is bevelled like steps. The latter form is much more destructive.

Dr. Arnold. This is one of our most common diseases, and most amenable to treatment. The profuseness of the discharge and its sudden production are remarkable, and not common in mucous membranes. We see nearly the same state of things in gonorrhœa. I treat by means of a starch poultice, which is very soothing, press the eyelids gently, syringe the edges of the lids frequently, to keep them clean, and find no great difficulty with the cornea. The opacity usually clears up. The only bad cases of opacity were those resulting from small-pox, scarlatina, and typhoid fever.

Dr. Erich. I have seen from twenty to twenty-five cases. The majority occurred within a few days after birth. I used to attack it with active remedies, such as nitrate of silver, etc. All except one got well, but they suffered severely from the application. Having seen the bi-chloride of mercury highly recommended by Prof. Gross, I tried it, and so far am highly pleased with its action. I use gr. ¼ to aqua f.℥j. and direct free and frequent washings. I also use small doses of Dover's powder. The bi-chloride gives no pain, and I think the cases get well sooner when it is used.

Dr. Friedenwald. Dr. Murdoch thinks that this disease does not appear within the time I mentioned. I still adhere to my original assertion, though it may be a week before it is fully developed. In regard to danger to the cornea from the use of nitrate of silver, I think it is very slight. If we were to try to touch it, we would fail, on account of the bulging of the palpebral conjunctiva, and it is with this only that the remedy comes in contact. I have been very fortunate in its use. Probably other astringents, especially alum, may do as well.

Dr. Murdoch. In regard to the time, I give Stellwag as my authority. He gives from two to four weeks as the time of its appearance.

Dr. Williams. It is impossible for this disease to be communicated by atmospheric influences. It may arise from uncleanliness, from the secretions of the mother, and from gonorrhœal matter. When it occurs epidemically in armies, its mode of propagation is generally very easily traced. In Egypt it is said to result from the sand. In regard to the treatment, I have not much experience. When I was in Europe I found four schools, viz., the alum, copper, zinc, and nitrate of silver. These all agreed in rejecting lead, on account of its forming a combination with albumen. Graefe everted the lids, applied a pencil of nitrate of silver, and immediately neutralized it by a solution of salt. Delmar used sulph. copper to the everted lid, and then

closed the eye immediately. This was very painful, as I can testify from personal experience, as I was so unfortunate as to contract the disease during my stay in Paris. In my own cases I have usually applied leeches and emollient applications, as a poultice of slippery elm, and the result has been satisfactory.

Dr. Noel. I can testify to the great benefit sometimes resulting from the application of leeches. I remember a traumatic case, in which morphia did no good, but four leeches afforded complete relief.

Dr. Murdoch. I do not wish to be understood as utterly ignoring bloodletting. It is frequently one of the best remedies in the treatment of this class of diseases.

Dr. Hartman. I have seen cases occurring on the third day, and every succeeding day from that to the third week. I look upon all those cases occurring early as of gonorrheal origin. I can recall four cases of this kind. In them (I used nitrate of silver (gr. ij., aq. f.℥j.,) frequently and freely. In ordinary cases I use the crumb of bread soaked in alum water and bound to the eye, and usually have no trouble with them.

Editorial Department.

Periscope.

A Case of Eclampsia Gravidarum, Triplets, Death.

Dr. Klingelhœffer reports the following case in *Deutsche Klinik*, No. 38, 1868: On the night of 2—3d of July he was called to shoemaker Herdt's wife, and was told that she had been seized with spasms; on his arrival the spasms were nearly gone. The patient was 30 years of age, medium height, pretty strong, and with the exception of typhus in the preceding July, had always enjoyed good health. She had no organic defect as he had discovered, in the month of December, on examining her for a life insurance policy. Her first pregnancy was in 1859, her second in 1862, her third in 1863, her fourth in 1865; in all of which everything went on regularly and well. Since her recovery from typhus the menses had not returned; but she became pregnant during the present summer, (1868), and up to the time when the spasms had occurred all had gone on regularly. She had only asked advice once, on account of varices of the leg, which were not severe, and were unaccompanied by œdema. According to her count it was about time for her delivery when the spasms appeared. She had felt perfectly well all day: had supped as usual, and had gone to bed at her customary hour. Without any premonition, at 11 o'clock, an attack of convulsions took place, which lasted ten minutes, and were only discovered by her relatives by hearing her stamp against the bedsteads. When the Doctor entered her chamber he found that the attack was almost over; she was in an apathetic state, but answered rationally on being loudly called; she made no complaints. As he could not decide certainly, from the description of the late attack given by her relatives, that it was a case of eclampsia, he ordered careful watching, and some weak camomile tea. In half an hour he was informed that a second attack was existent, but this had also passed off when he arrived; from its description, however, he no longer doubted that he had to do with a case of eclampsia. She was found to be conscious, but even more apathetic than before; pulse frequent, face somewhat flushed, both legs œdematous up to the knee; no other hydropsical appearances existed. Digital examination revealed the os uteri very high,—it was only reached with difficulty, and was found to be closed. The presentation could not be made out with certainty. Abdomen unusually distended. No uterine contractions. He prescribed cold water fomentations to the head, and a venesection of 8 ounces; the bowels had moved spontaneously, but an enema was given. He was now called away and could not see the patient again until 8 o'clock, A. M. She was then found in a comatose state; pulse frequent; pupils dilated; no reaction to light, strabismus. He was informed that after the venesection the sensorium became somewhat clearer; the spasms had soon returned, however, until their former severity. During the morning he had an opportunity to observe one of the paroxysms: violent convulsions took place, the mouth closed tightly, bloody froth appeared before her lips; no uterine contractions. Another digital examination revealed the same condition of parts as on the previous occasion; os very high, rigid, closed; not a trace of labor pains or contractions. Under these circumstances he would not entertain the idea of emptying the womb by artificial means.

He could not apply cups to nape of neck on account of the severity and frequency of the spasms; and urine could not be obtained for testing, as it all passed into the bed. The treatment was, therefore, confined to the continuation of cold to the head, and sinapisms; medicines could not be swallowed. The paroxysms now increased in frequency and violence; during the

intervals she lay stertorous, bloody froth appeared before her lips; and near 2 o'clock, P. M., 14 hours after the first paroxysm, death put an end to the terrible disease.

Having everything in readiness for a post mortem cæsarean section, the Doctor immediately removed three dead fœtuses—one male, two females. They were fully developed, and life had but recently departed; efforts to resuscitate proved fruitless.

Perhaps more copious bleeding might have availed in this case, especially as the small amount of blood which was abstracted produced temporary improvement; the hypodermic use of potassii bromidum might possibly have proved beneficial. We saw a case successfully treated by Dr. Ellwood Wilson, of this city, in which anæsthesia was kept up until the spasms showed no tendency to return, which was for the greater part of one night. and an adjunct treatment of small doses of calomel, with pulv. Doveri, gr. iij., every three hours. Ether was the anæsthetic used.

The case of Dr. Klingelhoeffer, in which an insignificant venesection was effected, and that reported by Dr. L. S. Blackwell in this journal, Vol. XIX., No. 19, in which no blood was taken, in both of which death occurred; taken in connection with the recent success of Körner with phlebotomy, as well as the sanction of our own Hodge and Meigs, whose names render a reference to great foreign authority unnecessary, incline us to regard with favor, in the treatment of puerperal convulsions, that which *homœopathy* and fashion have now made such a bug-bear—blood-letting.

We hope to see the day, when in pneumonia, a patient's blood will no longer be thoroughly broken down by antimonials, but a proper and moderate amount will be taken from his arm. Recent experiments have shown that a few ounces of defibrinated blood transfused will restore a hydræmic patient; and it is, therefore, easier to remedy an excessive bleeding than to restore the vital fluid to health after it has been poisoned by a "tolerated" course of tartar emetic.

We have seen three deaths from pneumonia, in which, against our judgment, general bleeding was not permitted; and the thought has often haunted us, that had we insisted on the remedy, three men might now have life and health, and would thank us for what they then would have considered an injury.

Dr. Theodore Körner, in the *Deutsche Klinik*, No. 31, 1868, describes four severe cases of eclampsia gravidarum which were cured by copious venesection and other antiphlogistic treatment. The skin and bowels were stimulated to throw off the *materies morbi*, and when exhaustion set in, moschus benzoinum or ammoniæ carb. were used. Clysters of asafœtida were given in one case; also tinct. colocynthus, and magnesia et cremor tartari solubilis. We hope to give his cases in detail at some future time. A. A. H.

Potassæ Chloras in Dysentery.

At the the Rudolf hospital, Vienna, the above named remedy has been used by enema in two cases of dysentery with excellent results,—blood ceased to appear in the dejections after the first clysma. They used potass. chlor. ℈j ad aq. destil, ℥ij.—*Wiener Med. Press*, No. 38, 1868.

Reviews and Book Notices.

Outlines of Comparative Anatomy and Medical Zoölogy. By Harrison Allen, M. D. Philadelphia: J. B. Lippincott & Co. 1869. One vol., cloth, pp. 190.

A hand-book of comparative anatomy has been a desideratum for some time, as we can testify from numerous inquiries received. There has been none sufficiently brief and yet sufficiently full to meet the wants of physicians. This by Dr. Allen is a synopsis—though rather fuller than most synopses—of the author's lectures on the subject. As such, it is very suitable. It is in two parts, the first on comparative anatomy, covering one hundred and thirty-six pages; the remainder on medical zoölogy, in which all the lower animals which the physician has to combat, or from whom he derives means to combat disease are described. A table of classification, and an index and glossary are appended.

We think it is to be regretted that the author, whose knowledge of the subject is so complete, did not extend the design of his work so as to give it a more general value. The addition of a hundred pages would have allowed room to extend that portion of it devoted to comparative anatomy, and to introduce illustrations which would have made it popular among purely professional readers. Some information about the best authorities, and about monographs on the different branches of the science would also be welcome. With these additions, we feel sure that such a volume would have a wide sale, and be none too large, and none the less suited to the wants of medical students.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 26, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VALE.

In closing the nineteenth volume of the weekly Medical and Surgical Reporter, we have to thank the profession throughout our country for the many kind tokens of continued favor which we have received during the last semi-annual term. For our own part we shall in the future, as in the past, try to continue to merit this favor. The Reporter will ever aim to be a mirror, not of the new discoveries of science only, but of all the interesting events and facts which make up the medical history of the age.

It will contain all occurrences, whether personal or general, which have a special claim on the attention of practising physicians; it will always be open to the free discussion of the questions which interest them, whether as a part of the social or the scientific world; it will continue to be free from any bias of prejudice, sectional, partisan, or religious; it will in fine, aim to represent in the fullest manner the regular profession, and its members wherever they reside.

Already there is not a State or Territory in the Union, nor hardly a county in any State, where it does not penetrate. As it is thus widely a welcome guest, it shall also be found an improving one.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

Notes and Comments.

Hot Sand Baths.

A number of articles have recently appeared in various European journals on the use of *hot sand baths*, which have not excited the attention in this country which they deserve. Dr. Flemming, in the *Gazetta Medica Italiana*, among others, reports several cases successfully treated. He describes the means used for heating the sand, and the manner patients are immersed in it. The temperature should be elevated to between 90° and 120° Fah., and the patient remain in from 25 to 50 minutes. After a few minutes profuse perspiration commences, the temperature of the body at the axilla rises one to two degrees, the pulse beats five to eight pulsations a minute more rapidly, and the body shows a diminution in weight. The diseases which have been found greatly benefited by this treatment, are chronic rheumatism, gout, scrofula, paralysis, atrophy, Bright's disease, and mercurial poisoning. It should be introduced on a large scale with us.

Personal.

Dr. W. W. Gerhard, of this city, the well known author, lately returned from Europe, where he has had pleasant interviews with Louis and others. Dr. G's health was much improved by the trip, but unfortunately, on the 16th inst. he fell on the pavement, and fractured both bones of the leg. Drs. L. Turnbull and Hunt are attending him.

Importance of Autopsy.

A few years since a case occurred to me which illustrated the value of post-mortem examination. A case of fracture of the lower end of humerus; into the joint, had resulted from a fall of about thirty feet. There was some tenderness over the liver, and yellowness of the conjunctiva; the patient being a very black negro, no change of complexion was observed. After a few days phlegmonous erysipelas attacked the arm, for which free incisions were made by another physician. Considerable venous hæmorrhage took place, when suddenly violent rumbling was heard within the abdomen, and the man died. Of course the attendants must have supposed that "the doctors had killed their patient." On opening the abdomen, however, it was found to contain a very large quantity of coagulated blood; and this had issued from a rent in the posterior superior surface of the right lobe of the

liver. The connective tissues, and serum, were found to be of a deep yellow color. A. A. H.

The Honorarium of the Established Physician.

A Dublin physician of eminence—says the *Medical Press and Circular*—not many years ago, demanded and got his honorarium of two guineas per visit, no matter how often he went to see the patient. On its being objected to him that the number of visits made his fees come high, he replied;—"You do not really require *my* services; there are many younger men who will serve you as well for less, and if you wish for *me*, you must have me on my own terms. If I should visit at a low rate, what would become of my professional juniors?"

Tempest in a Teapot.

Prof. Lizars, of Toronto, who accepted a professorship in a concern here, styled the "Philadelphia University of Medicine and Surgery," which says of itself, that it is "neither allopathic, homœopathic, nor eclectic, and yet all of them," has got into hot water. He found the atmosphere of the place rather different from what he thought, and under the title, "Barefaced Quackery," was ignorant enough to show up a cancer doctor of this city in a late number of said University's organ. The cancer doctor happened to be a graduate—of course, "in good standing"—of the "University," and was disgusted that his Alma Mater should "go back on him" thus. He arrested Dr. Lizars for libel, and was only appeased when the unlucky Professor paid the costs and promised to apologize through the "organ," and to pack back to the Dominion forthwith, and stay there. We hope that the Professor, who, we believe, was induced to come here by false representations, will reach Toronto, if a sadder, yet a wiser man.

Correspondence.

DOMESTIC.

Obscure Nervous Disorder.

Editors Med. and Surg. Reporter:

Allow me through the medium of your journal, to request your opinion of the pathology and treatment of a case that has recently come under my observation.

Mrs. S., a very intelligent married lady, who has spent the principal part of her life in public teaching, had a very violent attack of epidemic erysipelas in 1849, and during the ensuing six years, had two similar attacks, but not so violent as the first. The peculiarity in the case was a violent sore mouth; from her description, it seemed to be something that preceded the erysipelatous disease. Since the last attack of this disease, she has had frequent attacks of sore mouth, attended with bright redness, pain, and a scalding sensation that seemed to threaten an incursion of her primary disease. These attacks yielded after a few days to a regulated diet, mild gargles, and saline purgatives.

Query: Was the disease of the mouth that preceded the erysipelas, a necessary accompaniment, or a mere coincidence. But it is to her present condition that I desire more particularly to call your attention, and for which my advice was requested. Nine months since she commenced to feel a peculiar numbness in the extremities, commencing at the toes and fingers, which has very gradually extended to the knees, and as high as the wrists. The temperature of the parts is diminished. The sensibility at times seems increased rather than diminished, but the most common feeling complained of is that of "having a glove on," and in walking the feet and limbs seem clumsy. The patient presents rather a cachectic appearance, but not remarkably so; and although she is 49 years old, the catamenial function is as regular and as natural as in youth. The organs all seem to be in a healthy condition, except the stomach, which is slightly dyspeptic.

On examination I found the spine very tender over the cervical and lumbar regions, and slightly so in the intermediate space. I omitted to state that the patient has complained of a general weakness of the spine for a number of years, that she attributed to long standing in the school room.

Taking the view that the present disease depended on spinal irritation, I have used locally, anodyne liniments, cupping, and mild vesicants; and internally, some of the most prominent preparations of iron, with quinine. Under this course her general health and nervousness improved greatly; but the extremities remain pretty much in the same condition that I found them two months ago.

Anything that you can suggest in the case, will place me under lasting obligations.

J. H. Stephenson, M. D.

Leesville, Ohio.

—— The *Lancet* says toothache can be cured by one drachm of collodion added to two drachms of Calvert's carbolic acid. A gelatinous mass is precipitated, a small portion of which, inserted in the cavity of an aching tooth, invariably gives immediate relief.

—— Mrs. Stanton says of Mrs. Winslow's soothing syrup, that she don't believe there is a Mrs. Winslow, and says that it is compounded by some ignorant man in whiskers, broadcloth and boots, who lives and fattens on his ill-gotten gains, while babies are sent by the hundreds to untimely graves, or made idiots or lunatics for life.

Army and Navy News.

Navy News.

List of changes, etc., in the Medical Department of the Navy, during the week ending December 19th, 1868.

Surgeon H. C. Nelson ordered for temporary duty on board U. S. S. Michigan.

Assistant-Surgeon S. W. Latta, orders to the U. S. S. Richmond revoked, and ordered to the Receiving Ship at Boston.

Assistant-Surgeon Wm. V. Marmion ordered to duty at Naval Hospital, Washington, D. C.

Surgeon A. S. Oberly ordered to the U. S. S. Narragansett.

Passed Ass't-Surgeon E. C. Ver Meulen ordered for temporary duty on board the Tallapoosa.

Passed Assistant-Surgeon D. R. Bannan ordered to the Navy Yard, Philadelphia.

Surgeon Jno. Y. Taylor detached from the Naval Hospital, New York, and ordered to the "Kenosha."

Passed Ass't-Surgeon Geo. A. Bright detached from Naval Hospital, Washington, and ordered to the "Kenosha."

Assistant-Surgeon Wm. M. Reber, resigned.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Belden—Vandyke.—In this city, Dec 16th, at the residence of Dr. E. Vandyke, by the Rev. Joseph K. Wight, assisted by the Rev. J. Wheaton Smith, Dr. C. S. Belden, of Salem, N. J., and Anna N., daughter of the late William J. Vandyke, of Kingston, N. J.

Hill—Lee.—By the Rev. M. Floyd, Nov. 10th, Dr. M. D. Hill, of Mifflin co., Pa., and Miss S. A. Lee, daughter of Henry Lee, Esq., of Huntingdon co., Pa.

Hornbeck—Laubach.—On the 10th inst., at the residence of the bride's parents, by the Rev. Cyrus Becker, Dr. Molton E. Hornbeck, of Catasauqua, Pa., and Mary M., daughter of Judge Joseph Laubach, of Laubachsville, Pa.

Metcalfe—Fagin.—At St. Louis, Dec. 10th, Dr. R. D. Metcalfe and Miss Rachel G. Fagin.

Morris—Van Buren.—In New York, Dec. 10th, at St. Mark's Church, in the Bowery, by the Rev. A. H. Vinton, D. D., Stuyvesant F. Morris, M. D., and Ellen James, daughter of Smith J. Van Buren, of Fishkill on the Hudson.

Wunderlich—Yerger.—On the 15th inst., Dr. John S. Wunderlich and Miss Willie E. Yerger, both of this city.

DIED.

Cummings.—Suddenly, Dec. 16, Isaac Cummings, M. D., late House Physician of the Demilt Dispensary, New York, in the 37th year of his age.

Dr. Cummings' death was caused by an overdose of morphia, to relieve neuralgia, to which he was subject.

Enos.—Suddenly, Dec. 14th, at his residence, No. 28 Monroe Place, Brooklyn, Dr. De Witt C. Enos.

He had been Visiting Surgeon of the City Hospital for some years past, and until within a recent period was Professor of Anatomy of the Long Island College Hospital.

Gibbon.—In Baltimore, Dec. 16, Dr. J. W. Gibbon, of Charlotte, N. C., aged 74.

He was father of Gen. Gibbon, of the U. S. Army. He had visited Baltimore to deliver a course of lectures on "Antiquities of America," before the Maryland Institute, and had delivered but one.

Jones.—In this city, Dec. 11th, Pauline B., infant daughter of Almira and the late Z Ring Jones, M. D., aged 16 months.

Lewis.—In Pittsburgh, Dec. 13th, Mrs. Carrie Cooper Lewis, wife of Dr. D. W. Lewis, aged 34 years.

Percy.—In New York, Dec. 7th, Gilbert Percy, youngest son of Prof. Dr. Samuel R. and Jane Percy, aged 21 years and 7 months.

ANSWERS TO CORRESPONDENTS.

An Uterine Disorder.

Dr. J. N., of N. Y.—"What can be done for a married woman, æt. 29; no children; nervous temperament; menstrual epochs regular, but scanty; throbbing pain in both ovarian regions, no tenderness; wild, beating, constant pain in top of head; restless at night, and very nervous; appetite good and bowels regular; not anæmic. She caught cold before her marriage, and had amenorrhœa about two years. Since her recovery, menstrual secretion has gradually grown scanty. Pain in Ovarian regions began some eighteen months since, first in left side, right side has been affected only a few weeks. Have tried emmenagogues before menstrual periods, nervous tonics, such as quinine, strychnine, etc., without benefit. Diagnosis and suggestions as to treatment would be gratefully received.

Dr. M. L, G., of Mo.—The Reporter, Braithwaite, and the Atlantic Monthly will be sent you for $10.00.

Dr. J. N. T., of N. Y.—An otoscope costs $3.00, a laryngoscope from $7.00 to $12.00. The new instrument for uterine hemorrhage would have to be made to order, and could be for three or four dollars.

Dr. W. H. C. P. of O.—The Craig microscope man, who advertised in the Reporter, so far as we can learn, is a swindler, and we have already warned readers against him.

METEOROLOGY.

December,	7,	8,	9,	10,	11,	12,	13.
Wind	N. E.	N. W.	N. W.	W.	N. E.	N. W.	N. W.
Weather	Cl'dy. Rain.	Clear	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain	1 9-10						
Thermometer.							
Minimum	28°	29°	20°	14°	12°	10°	7°
At 8, A. M.	39	38	31	24	22	10	18
At 12, M.	38	36	38	30	24	27	22
At 3, P. M.	39	37	37	29	25	27	25
Mean	36.	35.	31.50	24.25	20.75	18.50	18.
Barometer.							
At 12, M.	29.2	29.4	29.9	29.8	29.7	30.1	30.3

Germantown, Pa. B. J. Leedom.